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ABSTRACT

A study investigated the extent to which members of a state agency reported that they are comfortable talking about Acquired Immune Deficiency Syndrome (AIDS) and the attendant topics of sex, homosexuality, intravenous drug use, death, and disease and the extent to which they use direct talk and indirect talk when they communicate about these topics. Three hundred seventy-three members of a state agency in a small southwestern city completed a questionnaire prior to receiving a 2-hour training session about AIDS. Subjects reported relative comfort in talking about all of these topics when directly asked to rate their level of comfort. In talking about AIDS, 81% of the subjects reported using direct forms of communication, and 43% used indirect forms. Analysis of variance yielded statistically significant differences between men and women on their comfort levels in discussing AIDS. There were no significant gender differences on the other taboo topics. Significant differences also existed between religious attenders and non-attenders. There were no significant patterns with other demographic variables. Correlations between comfort level and use of direct and indirect communication revealed that men reported significantly less comfort in talking about AIDS and reported significantly greater use of indirect forms of communication than women. (Three tables of data are included and 32 references are attached.) (MG)

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COMMUNICATION ABOUT UNCOMFORTABLE TOPICS: A TEST OF GOFFMAN

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COMMUNICATION ABOUT UNCOMFORTABLE TOPICS: A TEST OF GOFFMAN

In common parlance it is not unusual to hear people claim that certain topics are "simply not talked about" or at least are avoided in polite company. In his multi-volume study of human sexuality, Foucault (1984) suggests the contrary: people do indeed talk about sex, one of the topics most often labeled as "not talked about," and they use specialized discourses to do so.

Goffman (1955) takes a similar tack. He observes that people try to avoid topics of conversation that might cause embarrassment to themselves or to their conversational partners. Embarrassment occurs when an individual is felt to have projected an incompatible definition of him/herself, often by not being able to avoid talking about a topic that is "not talked about." Goffman suggests that if uncomfortable topics--those that cause embarrassment--can not be avoided, people talk about them indirectly using such devices as: ceremony or ritual, obeisance to curtesy or politeness forms, circumlocution, or joking.

In this study, we suggest that one group of uncomfortable topics is that which comprises taboo or stigmatized topics. We ask a group of employees of a State agency to rate their level of comfort about a range of such topics. Then, to test Goffman's approach, we ask them with whom they discuss these topics and in what ways they are addressed. Goffman's approach is supported.

Topics that make people uncomfortable

Among the topics that have the potential to make people uncomfortable are those topics labeled as stigmatized or taboo. Following traditional anthropologists including Frazer (1911) and Eliade (1951) as well as more recent work by Douglas 1966) and Douglas and Wildavsky (1983) we use the following definitions for stigma and taboo. Behaviors, groups and ways of being are **stigmatized** when they are portrayed as socially unacceptable. **Taboo** is a prohibition of reference to, association with or use of that which is stigmatized.

Frazer (1911) and Eliade (1951) define taboo as behaviors, groups and ways of being that are set aside as being sacred and/or defiled. Their work led to years of research that tried to show that "primitive" cultures were less sophisticated than "western" cultures because they confused sacred and defiled things. More recent work by Douglas (1966, Douglas and Wildavsky 1983) suggests that taboos are associated with behaviors, groups and ways of being that do not fit into a society's classification schemes. Things that are uncertain, exist in the margins of our lives or are part of transitory rather than stable aspects of our lives are culturally defined as taboo. They are taboo because we see them as being dangerous and/or powerful.

Neither the traditional anthropologists nor Douglas and Wildavsky make a clear distinction between stigma and taboo. Our definition allows us to limit stigma to describe groups, behaviors and ways of being that are perceived as socially

unacceptable and taboo to describe prohibitions against talking about, associating with or using something that is stigmatized.

AIDS is a taboo topic

Our definitions of stigma and taboo suggest that AIDS may be a taboo topic because of its association with several stigmas in the United States experience of the disease. In this section, we will suggest that four stigmatized features of the disease operate in making AIDS a taboo topic and therefore one that may be uncomfortable to talk about: 1) it is a deadly disease (fatality); 2) although it is known to be transmissible under clearly defined conditions, its causes and effects are perceived as uncertain (uncertainty); 3) it involves groups and activities that are not fully accepted by mainstream society (marginality); and 4) transmission of AIDS occurs through behaviors that are voluntarily engaged in (voluntary behaviors).

Fatality. In the traditionally cited list of taboo topics across human cultures, (see, for example, Farberow (19??) death ranks as one of the most universal taboo topics. To date, AIDS has been nearly always fatal, usually within two to three years after a diagnosis of AIDS (and within 10.5 years of HIV infection), and is often accompanied by a prolonged and difficult period of physical and psychological degeneration. People describe the disease in fatalistic and mysterious terms and view it as leading to shame and isolation. These characterizations are not atypical for epidemics (as is evidenced by varied sociological, historical, and fictional accounts, such as

Zinsser, 1934; Camus, 1947; Sontag, 1974; Marquez, 1988), since epidemics are associated with mysterious or unknown causes and with premature death. We suggest that its association with the taboo topic of death is one feature of AIDS that may make people uncomfortable when they talk about it.

Uncertainty. Douglas (1966) and Sontag (1979, 1988) have both written extensively about the associations between mystery, danger and stigmatization. Mysterious and/or dangerous events are perceived as threatening and are therefore stigmatized. AIDS differs from many previous epidemics in that much of the mystery (and related need for patient isolation) has been removed--the virus that causes the disease is known, as are the primary transmission routes (Panem 1988, Sontag 1988). Nonetheless, AIDS engenders considerable uncertainty because people are unsure of the reliability of information sources concerning AIDS. Many members of the general public--and many trained health personnel as well (see, for example, O'Donnell, Pleck, Snarey, and Rose 1987)--are concerned that the medical community simply does not know enough to offer certainty about transmission routes for the virus. People seem to believe that new transmission routes may be discovered in the future. The Surgeon General (1988) and others have labeled these fears as "irrational" but they seem to operate strongly in people's reactions to the disease. For this reason, we suggest that "uncertainty" about the disease may contribute to discomfort in talking about it.

Marginality of involved groups and behaviors. Douglas (1966) uses the term "marginal" to characterize groups that are shunned or rejected and therefore function at the edges of a society. These groups are shunned or rejected because they are portrayed as threatening dominant social norms through their behaviors, their characteristics, or their affiliations. Such groups include gay/bisexual men, intravenous drug users, and impoverished urban blacks and hispanics. Gays are considered to be marginal because their behaviors violate gender role norms, drug users because their behaviors create altered states that may affect accepted social and economic functioning, and impoverished blacks and hispanics because their skin color, economic status and cultural customs differentiate them from the dominant group. Because members of these three already societally stigmatized groups are disproportionately represented among AIDS patients, not only is AIDS stigmatized by is association with the groups, but the groups are further sigmatized by the disease. This mutually reinforcing stigmatization may make AIDS an uncomfortable topic.

In addition to its association with stigmatized groups, AIDS is further tainted by its connection with behaviors perceived as stigmatized, specifically men having sex with men and the injection of mind-altering substances intravenously. The stigmatized nature of these behaviors engenders taboos against direct communication about how they can be pursued safely, without transmitting or contracting AIDS.

Voluntary behaviors. There is a cross-cultural tendency dating at least as far back as the Old Testament to perceive the onset of disease as resulting from wrongful acts. Sick people are blamed for contracting the illness which is seen as divine punishment for wrongdoing. The established transmission routes for HIV infection are behavioral. Because established transmission routes are nearly always under the control of AIDS patients, there exists the opportunity to suggest that people with AIDS brought the disease upon themselves by voluntarily engaging in such risky behaviors as needle sharing during drug use and unprotected sex. Its association with voluntary behaviors contributes to the potential for AIDS to be an uncomfortable topic.

The association of AIDS with the four stigmas of fatality, uncertainty, marginality and voluntary behaviors suggests that AIDS might be a topic that people would find uncomfortable. They also suggest that a number of topics that are associated with AIDS might also be uncomfortable to talk about: death, intravenous drug use, sex and homosexuality.

How uncomfortable topics are addressed

Sociologists including Goffman (1955) suggest that people try to avoid topics of conversation that might cause them or their partners to lose face or become embarrassed. Face is defined as the image of self delineated in terms of approved social attributes. Individuals maintain face by adopting a pattern of verbal and nonverbal acts that is congruent with the

expectations of the other interactants. Embarrassment occurs when an individual is felt to have projected an incompatible definition of him/herself, often by talking about something that is taboo in that situation. Goffman (1957) notes that people take actions (which he calls face work) to avoid such embarrassments: 1) they avoid potentially embarrassing situations, 2) they note the event has occurred but diminish its importance or 3) they ignore the fact that the event has occurred.

Modigliani (1971) develops a framework that describes how people repair face if they are unable to avoid the situation. They attempt to 1) defensively change the subject, 2) excuse the performance, 3) introduce redeeming or self-enhancing information, 4) derogate the task, 5) deny failure, or 6) fish for reassurance (p. 21). Brown (1968, 1970 and Garland 1971) finds that people also withdraw from embarrassing situations to save face and use retaliation as a face-saving strategy when they are humiliated in public. Petronio (1984) discovers some differences in the face-saving strategies employed by men and women. Women tend to excuse or apologize and men tend to justify their behavior.

Little research has been reported, however, on the strategies people use to prevent embarrassing situations from happening. Drake and Moberg (1986) find that people use language as a preventive measure. For example, people sedate other interactants using semantic indirectness or palliate them by

using forms that are inappropriately powerful or powerless, or that are inappropriately formal or informal. Goffman (1955) suggests that preventative measures might include development of ceremonial or ritualistic ways of dealing with the topic; obeisance to curtesy, respect or politeness forms; use of indirection such as circumlocution, discretion or deception; and employment of distracting forms such as joking. In other words, Goffman suggests that when people are uncomfortable with a topic, they tend to address it indirectly. We suggest that the reverse may also be true: When people are relatively comfortable with a topic, they will tend to use more direct forms.

Operationalization of direct and indirect forms

To test Goffman's proposition that people use indirect forms to address topics that they find to be uncomfortable and our corollary that they use more direct forms when they are comfortable, we identified communication forms that would allow us to operationalize direct and indirect communication. We identified two communication forms that characterize direct talk: facts and feelings:

> Facts: Talk about what is known about a topic. Objective, testable information
>
> Feelings: Talk about emotions associated with an incident, event of fact typified by expressions such as: I feel_____

For purposes of this study, we operationalized the feeling component of direct talk as fears due to the taboo nature of the topics we were investigating.

We also identified two communication forms that characterize indirect talk: gossip and joking.

> Gossip: Indirect talk about taboo issues by discussion of individuals or groups; used to maintain cultural norms about taboo topics
>
> Joking: Humorous talk about taboo issue; often used to provide information that is not expected to be well-received or to express feelings considered to be inappropriate in a setting

Anthropological literature suggests that gossip and rumors, indirect talk about taboo issues via discussion of individuals, are used to maintain cultural or group norms about taboo topics. In his classic piece, Gluckman (1963) finds that gossip is used to mark individuals as members or non-members of groups. The gossip told about non-members serves to reinforce group norms, morals, values and taboos. Paine (1981) argues that gossip and rumors are perpetuated more out of self-interest than to reinforce group unity, but other researchers do not agree with him. Almirol (1981) uses data on a Filipino community in central California to demonstrate support for Gluckman's assertions. Exploring gossip and rumors in organizations, Esposito and Rosnow (1983) find that organizational members spread rumors to reduce feelings of anxiety and uncertainty in stressful, uncertain situations.

The literature on humor and joking in the workplace explicitly support Goffman's assertion that humor is used as a distraction when potentially embarrassing taboo topics arise. In his participant observation of a bakery, Linstead (1985) finds

that jokes are used to enable the reversal of problematic social relations. Ulian (1976) notes that humor is often used to provide information that may not be well-received. Winick (1976) suggests that group members often joke to express feelings that are not usually expressed in that setting. Mechling and Mechling (1985) look specifically at sexist and racist humor and discover that in organizations that are mixed racially and by gender, individuals can not assume that there is social agreement about which joke topics are taboo. Ironically, joking itself becomes a taboo topic.

Using these operationalizations of direct and indirect talk, our study investigates the extent to which 373 members of a state agency report that they are comfortable talking about AIDS and the attendant topics of sex, homosexuality, intravenous drug use, death and disease, and the extent to which they use direct talk (discussion of fears, exchange of information) and indirect talk (rumors and gossip, humor and jokes) when they communicate about these topics.

The Study

Subjects. Four hundred members of a state agency in a small southwestern city were given a questionnaire prior to receiving a mandatory two hour training session about AIDS. Of the four hundred, 373 completed the questionnaire.

Of the respondents, 149 (40.24%) were males and 221 (59.73%) were females. Ages ranged from under 20 to over 60, with the majority (76.98%) of the workers being between 20 and 40. The

majority (87.71%) had at least some college education. Approximately 55.5% of the sample characterized their race as white or caucasian, 22.37% as Hispanic or Spanish surnamed, 19.41% as Black or African-American and .27 as Asian-American. A majority (75.34%) said they attended religious services.

The majority (63.88%) had worked for the organization for more than two years. Of the four occupational levels identified by the Personnel Office, 3.24% were deputies or directors, 14.59% were managers or supervisors, 58.92% were professional or technical, and 20.27% were secretaries or clerks.

Research questions. Based on our literature review, we developed a series of research questions concerning the relationship between the level of comfort subjects report when talking about AIDS and its attendant taboo topics and the extent to which they report talking directly and indirectly about the topics.

> RQ1--To what extent do subjects report that they are comfortable talking about AIDS, death,, intravenous drug use, sex and homosexuality?
>
> RQ2--Do subjects differ in the extent to which they report using direct and indirect communication when talking about these taboo topics?
>
> RQ3--Are there demographic differences in the level of comfort subjects report?
>
> RQ4--If so, are there corresponding differences in their reported use of direct and indirect forms of communication in the direction Goffman would predict?

We operationalized comfort levels in talking about the taboo topics using a five point semantic differential scale that ranged

from "very uncomfortable" to "very comfortable." We asked: "How comfortable do you feel talking about (taboo topic)?"

We operationalized direct talk using two variables: 1) subjects' reported sharing/exchanging information about (taboo topic) and 2) subjects' reported talk about fears surrounding (taboo topic). We operationalized indirect talk using two variables: 1) subjects' reported joking about (taboo topic) and 2) subjects' reported talking about a specific person who has the taboo condition or is doing the taboo behavior (gossip and rumors).

Results. Our first research question concerned the extent to which subjects reported being comfortable talking about AIDS and a series of other taboo topics that are associated with AIDS. Though there were no statistically significant differences in their reported levels of comfort with these topics, subjects reported that they were more comfortable talking about AIDS than death, sex, homosexuality or intravenous drug use. They were least comfortable talking about homosexuality.

It is important to note, however, that the mean reported comfort level for the most uncomfortable topic was 3.59 on a five point scale. Thus, in general, subjects reported relative comfort in talking about all of these topics when asked directly to rate their level of comfort.

Insert Table 1 about here

Our second research question concerned differences in the extent to which subjects report using direct and indirect communication forms when talking about these topics. In talking about AIDS, 81 percent of the subjects reported using direct forms and 43 percent indirect forms. This is consistent with subjects' claims of relative comfort in discussing AIDS1 On the other hand, subjects report greater use i=of indirect forms in discussing sex, death and homosexuality, topics with which they report being less comfortable.

Our third research question investigated demographic differences in reported comfort levels in talking about these topics. ANOVAs yielded statistically significant differences between men and women on their comfort levels in discussing AIDS as depicted in Table 2. Women reported significantly greater comfort with the topic than men. There were no significant gender differences on the other taboo topics. ANOVAs also revealed a statistically significant difference in comfort level between religious attenders and non-attenders in the expected direction. There were no significant patterns with other demographic variables.

Insert table 2 about here

Our fourth research question searched for correlations between reported comfort level in talking about a particular topic and use of direct or indirect forms of communication. This question was the most direct test of Goffman's assertion that people use indirect forms to avoid embarrassment. Returning to our data on talk about AIDS, we found that men report significantly less comfort in talking about this topic than women. We also found that in talking about AIDS with coworkers, men report significantly greater use of indirect communication forms (joking and gossip) than direct forms (information exchange and discussion of fears). Women, on the other hand, report significantly greater use of the direct form, discussion of fears with their coworkers. There were no reported gender differences in use of direct and indirect talk about other taboo topics.

Insert Table 3 about here

Discussion

Our findings about communication about AIDS are congruent with the assertions made by Goffman. Men reported significantly less comfort than women in talking about AIDS and reported using significantly more indirect forms of communication when they discussed AIDS with coworkers. Women reported significantly

greater comfort in discussing the topic and reported using more direct forms of communication. This would indicate that people do, indeed use indirect forms to prevent embarrassment, as Goffman predicted.

Our other findings are less clear. Subjects report relatively high levels of comfort in talking about death, sex, intravenous drug use and homosexuality, yet they also report that they do not talk about these topics with many people in the workplace or in other settings. One reason for this artifact may be that direct questioning of people about their levels of comfort with discussing certain topics may not be the most effective way to obtain that information. Confirmation of Goffman's proposition in our limited study might suggest that a more fruitful way to discover people's level of comfort about discussing certain topics might be to observe whether they use direct or indirect forms of communication in actual conversation.

Other factors associated with the situation in which our study was conducted may have influenced our outcomes. The survey was conducted prior to a two hour AIDS in the workplace education program that was mandatory for all subjects to attend. Perhaps our subjects felt they <u>should</u> display a high level of comfort with these difficult topics in such a setting. In addition, our sample is composed of highly educated men and women in their thirties and forties. Such individuals would be expected to display more (intellectual) comfort with the topics and greater skill at discussing them directly than their less well-educated

counterparts. Finally, the organization from which our data were collected is described by employees on an open-ended question as being "friendly," "progressive," "concerned," and "involved in issues." Such an organization might attract people who are relatively more comfortable with these taboo topics and/or may socialize employees to become so.

We suggest that future research about how people talk about uncomfortable topics might avoid some of the shortcomings of our study by: 1) looking at actual conversations, 2) investigating talk not associated with AIDS education, 3) involve a more diverse group of subjects. In addition, we would operationalize direct talk using the more general form, emotions, rather than limiting ourinvestigation to discussion of fears. Such modifications might help us to learn the extent to which people really do talk about uncomfortable topics, in what settings, with whom and the types of discourses that characterize such talk.

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ENDNOTE

1. Material in this section appears in a slightly different form in Sitkin, S. and Roth, N. (1989). "Legalizing AIDS: Organizational responses to the Stigma of AIDS" which is currently under review for publication in Organization Science.

Table 1.
Comfort level when talking about taboo topics

Topic	Mean	Standard Deviation
AIDS	4.09	1.065
Death	3.75	1.197
IV drug use	3.93	1.25
Sex	3.929	1.055
Homosexuality	3.589	1.307

-- based on 5 point Likert scale

Table 2
Sex differences in comfort level in communicating about taboo topics

	Topic	Mean	s.d.	F
Females	AIDS	4.119	1.034	5.04*
Males		3.865	1.104	
Females	Death	3.748	1.125	.098
Males		3.788	1.128	
Females	IV drug use	3.903	1.314	.388
Males		3.986	1.147	
Females	Sex	3.931	1.314	2.912
Males		3.918	1.057	
Females	Homosexuality	3.683	1.25	2.912
Males		3.445	1.385	

* signficant at >.05

TABLE 3

Direct speech				
Fears				
F	AIDS	93	43.06	.101*
M		41	28.47	
F	IV	9	8.49	
M		8	11.11	
F	Homo-	12	11.54	
M	sexuality	10	14.29	
F	Death	16	15.53	
M		5	6.85	
F	Sex	11	10.78	
M		7	9.72	
Indirect speech				
Joking				
F	AIDS	53	25.00	.097*
M		57	39.31	
F	IV	6	5.56	
M		9	12.50	
F	Homo-	23	21.70	
M	sexuality	22	30.56	
F	Death	18	17.48	
M		15	20.27	
F	Sex	34	33.33	
M		35	47.30	
Sharing information				
F	AIDS	97	45.54	
M		57	39.86	
F	IV	9	8.41	
M		4	5.63	
F	Homo-	25	23.36	
M	sexuality	11	15.28	
F	Death	22	21.36	
M		16	21.62	
F	Sex	18	17.82	
M		16	21.62	
Gossip				
F	AIDS	27	12.98	
M		16	10.96	
F	IV	7	6.54	
M		7	9.72	
F	Homo-	34	31.78	
M	sexuality	20	28.17	
F	Death	19	18.63	
M		18	24.32	
F	Sex	15	14.86	
M		16	21.92	